

Cardiovascular Surgery Referral Form

Thank you for your interest in UAB Cardiovascular Surgery. We are pleased that you are allowing us to aid in the care of your patients. Your completion of all the fields below and attachment of medical records will ensure there are no unnecessary delays in the evaluation of your patient. We must have records and films prior to the clinic visit.

Patient Name _____ DOB _____

Patient Contact Number _____ Office Contact Name _____

Referring M.D. Name _____ Referring M.D. NPI _____

Referring M.D. Address _____

Referring M.D. Phone _____ Referring M.D. Fax _____

PLEASE SEND THE FOLLOWING DOCUMENTATION

- Patient Demographic Sheet
- Copy of Insurance Card
- Labs (most recent)
- Clinic Notes (most recent)
- H&P (most recent)
- Prior CV operative reports
- **DIAGNOSTIC IMAGES & REPORTS (within the last 6 months. See table below.)**

CORONARY ARTERY DISEASE	VALVE	ATRIAL SEPTAL DEFECT	ASCENDING ANEURYSM
* Left Heart Cath	* ECHO/*TTE	* ECHO/*TTE	* ECHO/*TTE
* ECHO/* TTE	*Cath if available	*Cath if available	* CTA C/A/P
* TEE if available	* TEE if available	* TEE if available	*Cath if available

- **CDs: DICOM FORMAT**
 - Images can be uploaded to AMBRA, Vitalengine, or PACS system
 - If images cannot be uploaded, **overnight** CDs to:

UAB CARDIOTHORACIC SURGERY
1900 University Boulevard, THT 760, Birmingham, AL 35233

REQUESTED PROVIDER & FAX NUMBER FOR SENDING RECORDS

- Dr. James Davies 205-996-9385 (FAX) 205-996-9256 (PHONE)
- Dr. Clifton Lewis 205-934-2042 (FAX) 205-934-3338 (PHONE)
- Dr. Kyle Eudailey 205-934-2042 (FAX) 205-934-3338 (PHONE)
- Dr. Sasha Still 205-934-5261 (FAX) 205-996-7561 (PHONE)